ARIZONA FORM A1-R

Arizona Withholding Reconciliation Return For the calendar year 2005

2005

Due on or before February 28, 2006

Mail to: Arizona Department of Revenue, PO Box 29009, Phoenix AZ 85038-9009

Taxpayer I	nformation			EIN:			
Write employer name and address here if not already printed				Period End:	5		
				For DOR Use Only		Labeled Return	
				P/M			
				B/D			
				6/0			
☐ Amende	ed Return 🔲 Ad	dres	s Changed				
	ca retain na	uico	o Orlangeu				
			nformation return. Do not submit any			iis return.	
io submit	additional liabili	ty o	r claim a refund, file amended quarte	rly withholding tax form(s) A	I-QKI.		
1. Total Arizona Tax Withheld per forms W-2, W-2c, W-2G and 1099-R						00	
2. Total wages paid to Arizona employees for 2005						00	
3. Numb	er of Arizona emplo	yees	in 2005				
4. Numb	er of federal Forms	W-2	W-2c, W-2G, and 1099-R submitted				
	Δ		ral accompany of amounts reported an	2005 Avisana Farma A4 ODT			
		Amm	ial summary of amounts reported on	Liability Reported			
		5.	1st quarter		00		
		6.	2nd quarter		00		
		7.	3rd quarter		00		
		8.	4th quarter		00		
		9.	Total annual withholding reported		00		
Evalaia why	on amandad Far	1	4 D is being filed.				
Explain why	an amended For	III F	.1-R is being filed:				
nder penalties of	perjury, I declare that	I hav	e examined this return and to the best of my knov	vledge and belief, it is a true, complete a	and correct return.		
Please							
Sign Here	n Here Signature			Date	Business telepl	hone number	
Paid				1			
Preparer's	Preparer's signature			Date	Business telepl	hone number	
Use Only	Firm's name (or preparer's, if self-employed)				Preparer's TIN		
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Zip code

Firm's address